

# Requesting a Collision Report using WRECR

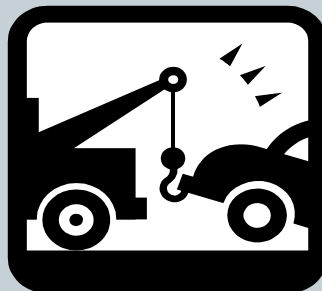



The Washington State Patrol (WSP) Collision Records Section created the Washington Requests for Electronic Collision Records (WRECR) online public disclosure tool to better assist customers in obtaining copies of their collision reports.

**Please remember if you do not find your collision report right away, please return at a later date and search again for your collision. Officer reports can only be posted on this website after the Officer completes and submits the report to the repository.**

We hope your visit to this website proves to be an easy and helpful process that produces your requested report in a much more timely fashion. This tutorial is available to assist you in walking through the process of searching, paying, and receiving a copy of your collision report. Please feel free to contact the Washington State Patrol (WSP) Collision Records Section at (360) 570-2355 or by email at [collisionrecords@wsp.wa.gov](mailto:collisionrecords@wsp.wa.gov) if you have further questions.

Thank you,  
WSP Collision Records Staff





## What collision reports can I request through WRECR?

Civilian Report:  
RCW 46.52.085

Officers Report:  
RCW 46.52.080

➤ Insure your computer has an updated version of Adobe Reader .  
Updates available at [wsp.wa.gov](http://wsp.wa.gov) bottom of the home page

- **Civilian collision reports**
  - A report completed by a citizen when an officer didn't investigate the collision
- **Officer's collision reports**
  - A report completed after an investigation by a police officer
- **Any supplemental or correction information**
  - Supplemental data or corrections to the original report provided by the civilian or police officer



- 

[illegible]



- Name and date of collision

•OR

- By collision report number if you have this number (case numbers do not work here)

[illegible]



- Entering search criteria like the Name or Date of Collision (date is mandatory)

-Collision Report Number  
Search (optional)

[illegible]




- ## Collision Report Search

Name/Date Search

Last Name:

First Name:

Collision Date:  ☒ Enable +/- 5 Day Range Search

County: -- ALL --

**(Optional) Collision Report # Search**

OR

Collision Report #: 

Clear

Search



Washington State Patrol

### Service With Humility

Collision Reports Help FAQ

User Name

● ● ● ● ● ● ● ● ● ●

Login

[Search](#) > [Requests](#) > [Requestor](#) > [Payment](#) > [Review](#) > [Receipt](#)

## Collision Report Search

Welcome to the WSP Requests for Electronic Collision Records site. Please enter the involved party name or an exact collision number. You are required to enter a collision date to begin your search.

## Name/Date Search

Last Name:

First Name:

Collision Date:

☒ Enable +/- 5 Day Range Search

County: -- ALL --

OR

**(Optional)** Collision Report # Search

Collision Report #: 

Clear

Search

[illegible]

# No Reports Found

If there are no collision reports found based on your search parameters, you will receive this message in the grid

Reports may take up to 2 to 4 weeks to be added to WRECR from the reporting agency

## Collision Report Search

Welcome to the WSP Requests for Electronic Collision Records site. Please enter the involved party name or an exact collision number. You are required to enter a collision date to begin your search.

### Name/Date Search

Last Name: JONES

First Name: TOM

Collision Date: 01/01/2011

☒ Enable +/- 5 Day Range Search

County: -- ALL --

### (Optional) Collision Report # Search

OR

Collision Report #:

Clear

Search

Select

All

Collision Report #

Collision Date

Last Name

First Name

Middle Initial

County

Primary Trafficway

Add

No Collision Reports Found

Add Selected

Displaying page 1 of 1

<< < > >>

Continue->

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# Collision Report Search Screen

Results of relevant reports will be displayed in a grid

This grid is located on the lower portion of the report search screen

- Each column may be sorted by selecting the header
- Above this grid will indicate how many page results are available

- Selecting an arrow button (s) will move you from page to page

☐ 2436175 01/02/2011 CITY OF PORT TOWNSEND JEFFERSON KEARNEY ST

Add Selected
 Displaying page 1 of 1173
<< < > >>
Continue

Select	Collision Report #	Collision Date	Last Name	First Name	Middle Initial	County	Primary Trafficway	Add
<input checked="" type="checkbox"/>	1486526	01/08/2011	MORENO	JUANA	G	YAKIMA	E EUCLID RD	
<input type="checkbox"/>	2256324	01/06/2011	DAVIS	TAYLOR	A	CLARK	P LOT	
<input type="checkbox"/>	2256324	01/06/2011	SMITH ELLIS	TREVOR	A	CLARK	P LOT	
<input type="checkbox"/>	2256324	01/06/2011	HOUSEN	ANGELA	M	CLARK	P LOT	
<input type="checkbox"/>	2435424	01/11/2011	MCCALL	ASHLEY	N	PIERCE	STEILACOOM BLVD SW	
<input type="checkbox"/>	2435424	01/11/2011	EAGANS	JAEMILLAH	S	PIERCE	STEILACOOM BLVD SW	
<input type="checkbox"/>	2435424	01/11/2011	ORELLANA	JOSHUA		PIERCE	STEILACOOM BLVD SW	
<input type="checkbox"/>	2436175	01/02/2011	DAHL	SEAN	E	JEFFERSON	KEARNEY ST	
<input type="checkbox"/>	2436175	01/02/2011	KITHCART	MICHAEL	B	JEFFERSON	KEARNEY ST	
<input type="checkbox"/>	2436175	01/02/2011	CITY OF PORT TOWNSEND			JEFFERSON	KEARNEY ST	

Add Selected
 Displaying page 1 of 1173
<< < > >>
Continue

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# Search Results Screen

How to select a report:

-To select an individual report, click on the desired selection box

-To select all reports click on the select all button



-Checked reports will be added to the user's cart by selecting "Add Selected"

-A message will be provided indicating the item(s) were successfully added to the cart

-Select continue to move to the request screen

Select	Report #	Collision Date	Last Name	First Name	Middle Initial	County	Primary Trafficway	Add
<input checked="" type="checkbox"/>	148526	01/08/2011	MORENO	JUANA	G	YAKIMA	E EUCLID RD	
<input type="checkbox"/>	225324	01/06/2011	DAVIS	TAYLOR	A	CLARK	P LOT	
<input type="checkbox"/>	225324	01/06/2011	SMITH ELLIS	TREVOR	A	CLARK	P LOT	
<input type="checkbox"/>	225324	01/06/2011	HOUSEN	ANGELA	M	CLARK	P LOT	
<input type="checkbox"/>	243424	01/11/2011	MCCALL	ASHLEY	N	PIERCE	STEILACOOM BLVD SW	
<input type="checkbox"/>	243424	01/11/2011	EAGANS	JAEMILLAH	S	PIERCE	STEILACOOM BLVD SW	
<input checked="" type="checkbox"/>	243424	01/11/2011	ORELLANA	JOSHUA		PIERCE	STEILACOOM BLVD SW	
<input type="checkbox"/>	243175	01/02/2011	DAHL	SEAN	E	JEFFERSON	KEARNEY ST	
<input type="checkbox"/>	243175	01/02/2011	KITHCART	MICHAEL	B	JEFFERSON	KEARNEY ST	
<input type="checkbox"/>	243175	01/02/2011	CITY OF PORT TOWNSEND			JEFFERSON	KEARNEY ST	

Displaying page 1 of 1173

Select	Report #	Collision Date	Last Name	First Name	Middle Initial	County	Primary Trafficway	Add
<input checked="" type="checkbox"/>	148526	01/08/2011	MORENO	JUANA	G	YAKIMA	E EUCLID RD	
<input type="checkbox"/>	2256324	01/06/2011	DAVIS	TAYLOR	A	CLARK	P LOT	
<input type="checkbox"/>	2256324	01/06/2011	SMITH ELLIS	TREVOR	A	CLARK	P LOT	
<input type="checkbox"/>	2256324	01/06/2011	HOUSEN	ANGELA	M	CLARK	P LOT	
<input type="checkbox"/>	2435424	01/11/2011	MCCALL	ASHLEY	N	PIERCE	STEILACOOM BLVD SW	
<input type="checkbox"/>	2435424	01/11/2011	EAGANS	JAEMILLAH	S	PIERCE	STEILACOOM BLVD SW	
<input type="checkbox"/>	2435424	01/11/2011	ORELLANA	JOSHUA		PIERCE	STEILACOOM BLVD SW	
<input type="checkbox"/>	2436175	01/02/2011	DAHL	SEAN	E	JEFFERSON	KEARNEY ST	
<input type="checkbox"/>	2436175	01/02/2011	KITHCART	MICHAEL	B	JEFFERSON	KEARNEY ST	
<input type="checkbox"/>	2436175	01/02/2011	CITY OF PORT TOWNSEND			JEFFERSON	KEARNEY ST	

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# Search Results Screen

How to select a report (using the shopping cart):

-Selecting the shopping cart next to the desired collision report will provide a list of all involved parties for this collision

-This selected report will automatically be added to your cart

-Select continue to move to the request screen

Select	Collision Report #	Collision Date	Last Name	First Name	Middle Initial	County	Primary Trafficway	Add
<input type="checkbox"/>	2256324	01/06/2011	HOUSEN	ANGELA	M	CLARK	P LOT	
<input type="checkbox"/>	2256324	01/06/2011	DAVIS	TAYLOR	A	CLARK	P LOT	
<input type="checkbox"/>	2256324	01/06/2011	SMITH ELLIS	TREVOR	A	CLARK	P LOT	

Select	Collision Report #	Collision Date	Last Name	First Name	Middle Initial	County	Primary Trafficway	Add
<input type="checkbox"/>	2256324	01/06/2011	HOUSEN	ANGELA	M	CLARK	P LOT	
<input type="checkbox"/>	2256324	01/06/2011	DAVIS	TAYLOR	A	CLARK	P LOT	
<input type="checkbox"/>	2256324	01/06/2011	SMITH ELLIS	TREVOR	A	CLARK	P LOT	
<input type="checkbox"/>	2256325	12/29/2010	SMITH	BRIAN	A	CLARK	NE 179 ST	
<input type="checkbox"/>	2256325	12/29/2010	TUCKER	JEREMY	E	CLARK	NE 179 ST	
<input type="checkbox"/>	2431227	12/28/2010	BUTLER	MARYA	M	PACIFIC	SID SNYDER DR	
<input type="checkbox"/>	2431227	12/28/2010	KOTEK	HAROLD	A	PACIFIC	SID SNYDER DR	
<input type="checkbox"/>	2431276	12/31/2010	HAGSTROM	THEODORE	L	PACIFIC	P LOT	
<input type="checkbox"/>	2431276	12/31/2010				PACIFIC	P LOT	
<input type="checkbox"/>	2436174	12/31/2010	STREET	PAMELA	B	JEFFERSON	P LOT	

Add Selected

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Continue->

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511 Travel Info

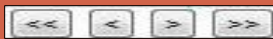
# Collision Report Requests Screen

A grid will be provided displaying all reports added to the cart

-Each column may be sorted by selecting the header

Below this grid will indicate how many page results are available

Selecting an arrow button(s)



will move you from page to page

Remove Selected

Displaying page 1 of 1

<<

<

>

>>

Total Items: 2 Total \$19.00

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WASHINGTON STATE PATROL

Washington State Patrol

Service With Humility

Collision Reports

Help

FAQ

Search > Requests > Requestor > Payment > Review > Receipt

Collision Report Requests

Please set "Your Involvement" for each requested Collision Report [s]. The "Your Involvement" column describes how you were involved in the collision that you are requesting a copy of. For Involvement Type definitions please [Click Here](#) or use the FAQ link at the top left corner of this page. Then review the Question; "What are the definitions of involved parties"

Select

All

☐

	Collision Report #	Collision Date	County	Primary Trafficway	Your Involvement	
<input type="checkbox"/>	1486526	01/08/2011	YAKIMA	E EUCLID RD	Not Set	
<input type="checkbox"/>	2256324	01/06/2011	CLARK	P LOT	Not Set	

Remove Selected

Displaying page 1 of 1

<<

<

>


>>


Total Items: 2 Total \$19.00

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Continue->

# Collision Report Requests Screen

Reports may be removed from the cart by selecting the garbage can icon 



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Collision ReportsHelpFAQ

[Search](#) > [Requests](#) > [Requestor](#) > [Payment](#) > [Review](#) > [Receipt](#)

### Collision Report Requests

Please set "Your Involvement" for each requested Collision Report [s]. The "Your Involvement" column describes how you were involved in the collision that you are requesting a copy of. For Involvement Type definitions please [Click Here](#) or use the FAQ link at the top left corner of this page. Then review the Question; "What are the definitions of involved parties"

Select	Collision Report #	Collision Date	County	Primary Trafficway	Your Involvement	
<input type="checkbox"/>	1486526	01/08/2011	YAKIMA	E EUCLID RD	<input type="button" value="Not Set"/>	
<input type="checkbox"/>	2256324	01/06/2011	CLARK	P LOT	<input type="button" value="Not Set"/>	

Displaying page 1 of 1<<<<>>>>  
Total Items: 2Total \$19.00

# Select Involvement Type Screen

Selection of an involvement type for each report in your cart is mandatory

-Select your involvement type from the text box indicating how you are involved in the collision or select "other"

The screenshot displays the Washington State Patrol Collision Report Request interface. A modal window titled "Select Involvement Type" is open, showing details for Collision Report # 1486526, dated 1/8/2011, in YAKIMA County, on E EUCLID RD. The modal includes a section for "Involved Parties (Click to View / Hide)" and a "Select Involvement Type:" dropdown menu. The dropdown is currently set to "Not Set" and is highlighted with a red dashed box. Below the dropdown, a list of involvement types is visible, including "Driver Involved", "Government Agency", "Injured Passenger", "Insurer of Party Involved", "Legal Guardian", "Other", "Other Authorized Representative", "Other Person Injured in the Collision", "Owner of Property Damaged", "Owner of Vehicle Damaged", and "Parent of a Minor Driver". The background shows a table of collision reports with columns for "Select", "All", and "Collision Report". The table lists two reports: 1486526 and 2256324. The interface also includes navigation buttons like "<-Previous", "Continue->", and a status bar at the bottom indicating "Displaying page 1 of 1" and "Total Items: 2 Total \$19.00".

Washington State Patrol

Collision Reports Help FAQ

Collision Report Request

Please set "Your Involvement" for each collision that you are requesting a report for. Then review the Question; "What was your involvement in the collision?"

Collision Report # 1486526  
Date: 1/8/2011  
County: YAKIMA  
Primary Trafficway: E EUCLID RD

Involved Parties (Click to View / Hide)

Select Involvement Type:

Not Set

Not Set

Driver Involved  
Government Agency  
Injured Passenger  
Insurer of Party Involved  
Legal Guardian  
Other  
Other Authorized Representative  
Other Person Injured in the Collision  
Owner of Property Damaged  
Owner of Vehicle Damaged  
Parent of a Minor Driver

Your Involvement

Not Set

Not Set

Remove Selected

Displaying page 1 of 1

Total Items: 2 Total \$19.00


<-Previous

Continue->

# Involvement Type Definitions

If you are not sure which involvement type to select, click on the link [Click Here](#)

A definition of each involvement type is explained on this link



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### Collision Report Requests

Please set "Your Involvement" for each requested Collision Report [s]. The "Your Involvement" column describes how you were involved in the collision that you are requesting a copy of. For Involvement Type definitions please [Click Here](#) or use the FAQ link at the top left corner of this page. Then review the Question; "What are the definitions of involved parties"

Select  
All  
☐

Coll

☐

Remove Selected

https://test-fortress.wa.gov/wsp/wrecr/WSPCRS/FAQ/wre...  
https://test-fortress.wa.gov/wsp/wrecr/WSPCRS/FAQ/ State of Washington [US]

Find

What are the Definitions of involved parties?  
**Driver Involved:** is an occupant who is in actual physical control of a transport vehicle or, for an out-of-control vehicle, an occupant who was in control until control was lost.  
**Legal Guardian:** the personal representative of the person or estate of an incompetent or disabled person as defined in RCW 11.88.010  
**Parent of a Minor:** the mother, father, stepmother, or stepfather of a minor - whether or not they have lawful custody  
**Injured Passenger:** A passenger is any occupant of a road vehicle other than its driver

- A pedalcyclist passenger is any occupant of a pedalcycle in-transport.
- Occupants of transport vehicles other than motor vehicles example: airplane, snowmobile, Golf cart Etc

DoneUnknown Zone

Your Involvement  
Not Set

page 1 of 1  
Total Items: 1 Total \$9.50


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# Requestor and Payment Method Information Screen


You will be required to enter your full name, mailing address, phone number and email address

All reports requested using WRECR will be sent to you via email

Your physical address and additional phone numbers may also be entered to provide additional contact information



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Collision ReportsHelpFAQ

User Name: \*\*\*\*\*Login

[Search](#) > [Requests](#) > Requestor > Payment > Review > Receipt

### Requestor And Payment Method Information

Please enter your information.

\* First Name:

Middle Initial:

\* Last Name:

Mailing Address

Country:

\* Line 1:

Line 2:

\* City:

\* State:

\* Zip:

Physical Address

☐ Same as Mailing Address

Country:

Line 1:

Line 2:

City:

State:

Zip:

Primary Phone

\* Type:

\* Phone #:

Extension:

Additional Phone

Type:

Phone #:

Extension:


\* Email:

\* Verify Email:


Payment Method:

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511 Travel Info

# Requestor and Payment Method Information Screen

Please select a payment method:

-Checking or savings

-Credit card

Selecting “Continue” will take you to the selected payment method entry screen

The screenshot shows a web form titled "Requestor And Payment Method Information" with a breadcrumb trail: [Search](#) > [Requests](#) > Requestor > Payment > Review > Receipt. The form contains several sections for data entry:

- Personal Information:** First Name (MORENO), Middle Initial (G), Last Name (JUANA).
- Mailing Address:** Country (United States), Line 1 (100 1ST AVE), Line 2, City (OLYMPIA), State (WASHINGTON), Zip (98504).
- Physical Address:** Includes a checkbox for "Same as Mailing Address" (checked), and identical address fields to the mailing address section.
- Primary Phone:** Type (Home Land Line), Phone # ((360) 570-2511), Extension.
- Additional Phone:** Type (Not Set), Phone #, Extension.
- Email:** JUANA.MORENO@WSP.WA.GOV.

At the bottom of the form, there is a "Verify Email" field (JUANA.MORENO@WSP.WA.GOV) and a "Payment Method" dropdown menu. The dropdown is open, showing three options: "ACH (Electronic Check)" (highlighted in blue), "ACH (Electronic Check)", and "Credit Card". A red arrow points from the "Continue->" button at the top right to the "ACH (Electronic Check)" option in the dropdown. Another red arrow points from the "Continue->" button at the bottom right to the "ACH (Electronic Check)" option. A red dashed box encloses the "Verify Email" and "Payment Method" section at the bottom. A red solid box encloses the "Verify Email" and "Payment Method" section at the top. The footer includes the "Access Washington" logo, a navigation bar with links (A-Z Index, Contact Us, Privacy, Link Policy, WSP Home), and the "511 Travel Info" logo.


# (ACH) Electronic Check Payment Information Screen

All fields on this page are required. Double entry is a security requirement

Selecting "Previous" will take you to the Requestor and Payment Method Information screen

Selecting "Continue" will take you to the review screen

If fields have incorrect data, you will receive an error for re-entry/correction



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Collision ReportsHelpFAQ

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### ACH (Electronic Check) Payment Information

*Any resulting charges originating from completed purchases will be charged to this bank account within 72 hours.*

Name on Account:

Routing Number:

Verify Routing Number:

Account Number:


Verify Account Number:

Account Type: ☒ Checking ☐ Business Account

This is a one-time transaction and your payment information will not be retained in our records.

Bank Name


Check Number




9 Digit Routing NumberYour Account Number

If you wish to change the payment method, please return to the "Requestor /Payment Method Information" screen using the previous button located on the lower left of this screen. Please choose an alternate payment method from the "Payment Method" dropdown.

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# Credit Card Payment Information Screen


All fields on this page are required. Double entry is a security requirement

Please select whether a Visa or Master Card is being used

Selecting "Previous" will take you to the Requestor and Payment Method Information screen

Selecting "Continue" will take you to the review screen

If fields have incorrect data, you will receive an error for re-entry/correction



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### Credit Card Payment Information

*Any resulting charges originating from completed purchases will be charged to this credit card account within 72 hours.*

First Name on Card:

Last Name on Card:

Account Type: Visa

Account Number:

Expiration: - Month - - Year -

Security Code:

Billing Address

☐ Same as Mailing Address ☐ Same as Physical Address

Country: United States

Line 1:

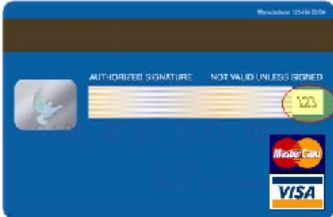
Line 2:

City:

State:

Zip:

This is a one-time transaction and your payment information will not be retained in our records.



Security Code


If you wish to change the payment method, please return to the "Requestor /Payment Method Information" screen using the previous button located on the lower left of this screen. Please choose an alternate payment method from the "Payment Method" dropdown.

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# Review and Purchase Screen

Complete the transaction by verifying all review and purchase screen information

Select the purchase button on the lower right to go to the receipt screen



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Search > Requests > Requestor > Payment > Review > Receipt

### Review And Purchase

Please review your order before purchasing.

<div>Requestor Information</div> <div>moreno g juana</div> <div>Edit</div> <div>Mailing Address</div> <div>100 1st ave Olympia, WA 98504 United States</div> <div>Physical Address</div> <div>100 1st ave Olympia, WA 98504 United States</div> <div>Email: juana.moreno@wsp.wa.gov Home Land Line: (360) 570-2511</div>	<div>Request(s)/Order Information</div> <div>You are ordering 2 collision reports for a total of \$19.00.</div> <div>Edit</div> <div>Payment Method</div> <div>Payment Method: Credit Card</div> <div>Edit</div> <div>Payment Information</div> <div>Name on Account: juana moreno Visa: *****1111 Expiration: 12 2013</div> <div>Billing Address</div> <div>100 1st ave Olympia, WA 98504 United States</div> <div>Edit</div>
--	--

<-Previous

Purchase

# Purchase Confirmation

You must select to confirm this is how you were involved in the collision. This must be done before the purchase is complete

You then select the Confirm button (lower right hand side) to complete your process

☒ I Accept

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Collision Reports Help FAQ

[Search](#) > [Requests](#) > [Requestor](#) > [Payment](#) > Review > Receipt

### Review And Purchase

Please review your order before purchasing.

Requestor Information  
moreno g juana

Mailing Address  
100 1st ave  
Olympia, WA 98504  
United States

Physical Address  
100 1st ave  
Olympia, WA 98504  
United States

Email: william.mcallister@wsdot.wa.gov  
Home Land Line: (360) 570-2511

Expiration: 12-2013

Billing Address  
100 1st ave  
Olympia, WA 98504  
United States

☒ I Accept

Cancel Confirm

<-Previous Purchase



## Delivery Method

Collision records are provided to the requestor by two emails

- Id number

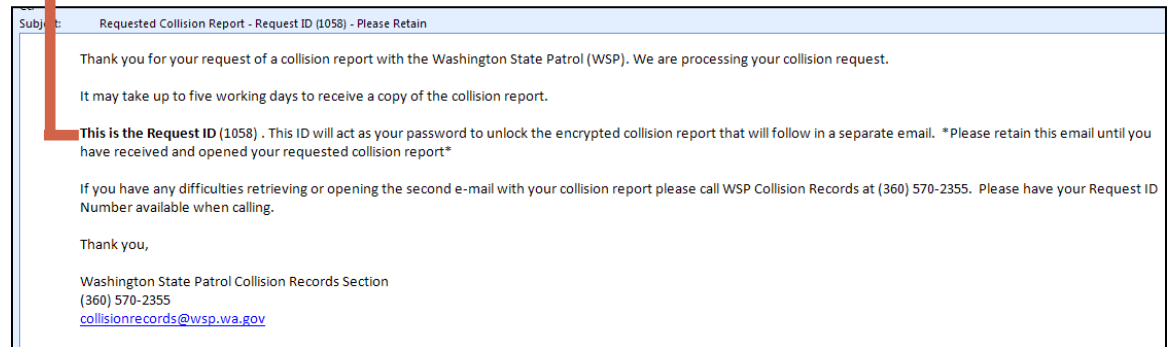
- Collision Report

The first email will be the password (Request ID number)

- This number is required to open the requested collision Reports

Depending on how you were involved in this collision, it may take five business days to receive your second email with the actual report(s). In most cases the second email will be delivered the same day

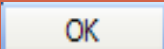
**This is the Request ID (1058)**

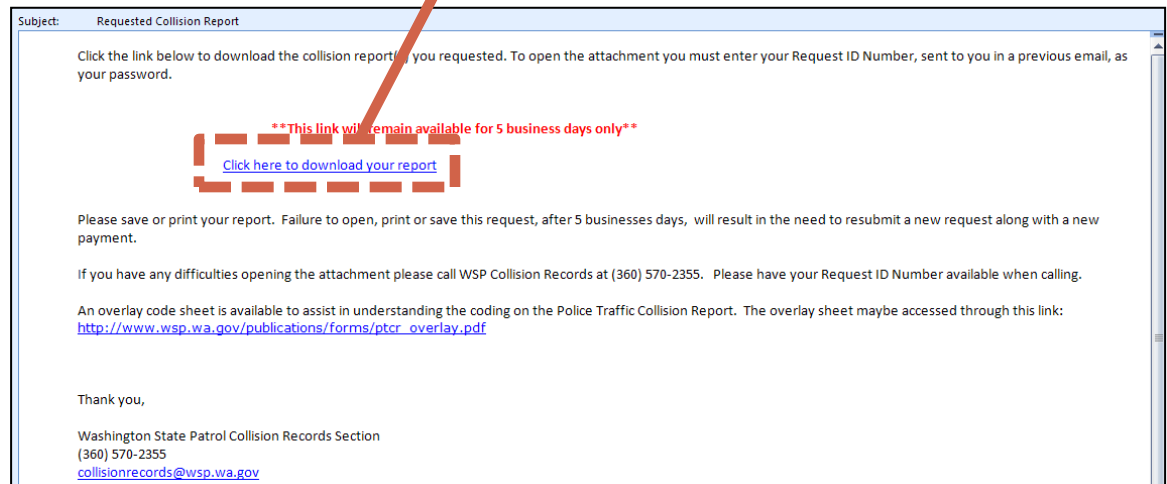
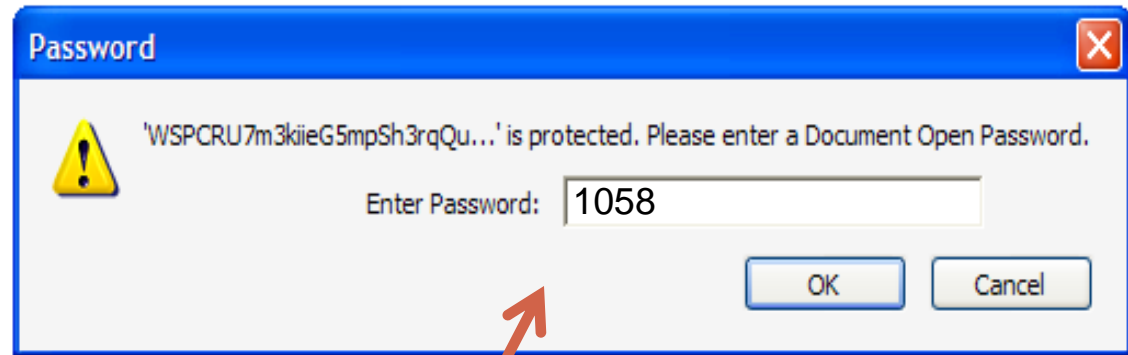


# Password Protected Email

When you receive your second email click on the link:

[Click here to download your report](#)

The top icon will appear, Enter the request ID number as the password then click on  and your collision report(s) will be displayed



# Questions?



**-RETURN TO MAIN LOGON SCREEN AND  
SELECT FAQ FOR FREQUENTLY ASKED  
QUESTIONS**

**-IF UNABLE TO SOLVE YOUR HELP NEEDS  
PLEASE CALL COLLISION RECORDS  
AT (360) 570-2355, OR BY EMAIL:**

**[COLLISIONRECORDS@WSP.WA.GOV](mailto:COLLISIONRECORDS@WSP.WA.GOV)**